

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SEARCH NO. <i>10653528</i>	FILING DATE
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	
2		1				52	
3		1				53	
4		3		1		54	
5		3				55	
6						66	
7		1				57	
8		1				58	
9						59	
10		1				60	
11		①				61	
12		1				62	
13		2				63	
14						64	
15						65	
16						66	
17						67	
18						68	
19						69	
20						70	
21						71	
22						72	
23						73	
24						74	
25						75	
26		1				76	
27						77	
28						78	
29						79	
30						80	
31						81	
32		1				82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	5					TOTAL IND.	
TOTAL DEP.	14					TOTAL DEP.	
TOTAL CLAIMS	19					TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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